



MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.060

CHAPTER Program Implementation and Records	SUBCHAPTER Program Plans	EFFECTIVE DATE 7/1/06	NUMBER OF PAGES 4	PAGE NUMBER 1 of 4
SUBJECT Risk Screening and Assessment Procedures		AUTHORITY 630.050	History See below	
PERSON RESPONSIBLE Director, Division of Mental Retardation and Developmental Disabilities			Sunset Date 7/1/09	

PURPOSE: Prescribes procedures for screening and assessing risk and assignment of levels of supervision.

APPLICATION: Applies to all habilitation centers operated by the Division of Mental Retardation and Developmental Disabilities

(1) Terms defined in sections 630.005 and 633.005, RSMo, are incorporated by reference for use in this Department Operating Regulation. Unless the context clearly indicates otherwise, the following terms shall also mean:

(A) Behavioral Risk Screening: A general evaluation instrument used in habilitation centers to initially and periodically screen or check behavioral status to determine whether the consumer may present some risk to self, others, or property. The person's Interdisciplinary Team makes the final determination.

(B) Consumer: Individual receiving services from any facility operated by the Department of Mental Health, otherwise referred to as client, resident or patient.

(C) Consumer Who Has Behavioral Issues: A person living at or being newly admitted to the habilitation center who through the presence of inappropriate behavior or the absence of appropriate behavior presents some level of danger to self, others, or property.

(D) Forensic Consumers: A person committed to the Department by a circuit court order under Chapter 552, RSMo, and is living at or being newly admitted to the habilitation center who has been -

1. Accused of a criminal act but has been found incompetent to stand trial, or
2. Acquitted after trial by reason of mental disease or defect, or
3. Admitted for pretrial evaluation.

(E) Health Inventory: A general tool used by regional centers to screen or check health status for consumers in residential placement in the community and for consumers prior to admission to a habilitation center.

(F) Individual Plan: The Individual Habilitation Plan or Personal Plan for the person's care, support, habilitation, and rehabilitation. The Plan includes strategies that specifically address behavioral support needs either as an attachment or as a part of the body of the plan.

(G) Integrated Risk Assessment: Evaluation tool used to determine the degree of risk a person living in a habilitation center presents with relation to behavior. The Division shall use this tool for all forensic consumers.

(H) Interdisciplinary Team (ID Team): The consumer, the client's designated representative(s), the case manager or qualified mental retardation professional, and representatives of services required or desired by the client.



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(I) Levels of Risk

1. High Risk: Consumers who may be expected to present a high level of danger to themselves or others as measured by the most recent evaluation using the Behavioral Risk Screening or the Integrated Risk Assessment.

2. Moderate Risk: Consumers who may be expected to present a moderate level of danger to themselves or others as measured by the most recent evaluation using the Behavioral Risk Screening or the Integrated Risk Assessment.

3. Minimal Risk: Consumers who are not expected to present any substantive level of risk to themselves or others as measured by the most recent evaluation using the Behavioral Risk Screening or the Integrated Risk Assessment.

(J) Level of Supervision: Determination made by the consumer's ID Team based, in part, on risk screening or assessment. The ID Team may prescribe closer staff supervision for the consumer than is typical because the consumer presents a higher level of risk.

1. Two-to-one: Two staff are assigned to work exclusively with one consumer and both can readily intervene to address any maladaptive behavior. The ID Team shall define any special and/or privacy considerations in implementing this level of supervision including distance staff are required to maintain from the consumer.

2. One-to-one: One staff is assigned to work exclusively with one consumer and can readily intervene to address any maladaptive behavior. The ID Team shall define any special and/or privacy considerations in implementing this level of supervision including distance staff is to maintain from the consumer. Staff assigned to this level of supervision, for example, cannot simultaneously accept the responsibility of driving the consumer or any consumers to any destination.

3. Close Proximity: Assigned staff must be within range of the consumer they are supporting so as to be able to physically intervene if necessary and must know the exact location of the consumer at all times. The ID Team shall define any special and/or privacy considerations in implementing this level of supervision. Staff may support multiple consumers at this level. Staff shall be responsible for notifying the charge person on duty when additional supervision support is needed.

4. Priority: Staff must know the consumer's whereabouts and visually check on the consumer at least every fifteen (15) minutes. The consumer does not need to be in the staff's sight at all times. The ID Team shall define any special considerations in implementing this level of supervision.

(K) Nursing Review: An evaluation performed by regional center registered nurses that determines whether the identified health support needs of the consumer are being met and a vehicle for providing recommendations on health care. This process follows administration of the Health Inventory and identification of consumers having significant health needs and requiring further evaluation.

(2) When a consumer is admitted to a habilitation center from a regional center, the regional center shall, before or at the point of admission, provide the habilitation center with the following information:



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(A) narrative of behavioral concerns and issues, including a statement of no concerns, if applicable,

(B) completed copy of the Health Inventory,

(C) completed copy of the Nurse Review, if applicable,

(D) current list of medications, dosages, and medical treatments,

(E) signed statement by the consumer or guardian verifying informed choice for placement in a habilitation center, and

(F) any other pertinent records.

(3) When a consumer is court committed to an habilitation center, the habilitation center shall make every effort to obtain information about the consumer's health and behavioral status as soon as possible. A signed statement of informed choice for placement in a habilitation center is not applicable for court commitments.

(4) When a consumer is admitted to a habilitation center the ID Team shall —

(A) complete the Behavioral Risk Screening,

(B) determine the category of risk,

(C) determine the level of supervision needed, and

(D) conduct an ID Team meeting within thirty (30) days to develop and implement an Individual Plan according to division policy.

(5) For consumers with behavioral issues, the ID Team shall —

(A) re-evaluate consumers at increased levels of supervision, using the Behavioral Risk Screening, before their next quarterly review to determine if the increased level of supervision is still needed;

(B) re-evaluate consumers within twenty-four (24) hours after a serious incident of aggressive behavior; and

(C) review each incident of moderate or high risk involving consumers who are currently not at an increased level of supervision to determine if there is a need for an increased level of supervision. No Behavioral Risk Screening will be required at this time.

(6) When a forensic consumer is admitted to a habilitation center, the facility shall implement all applicable procedures as outlined in the Department of Mental Health Forensics Manual.

(7) Non-forensic consumers who have behavioral issues shall be assured the same rights as all other persons unless a restriction of their rights is documented in their Individual Plan, due process procedures have been followed, and DOR 4.145 and its successors have been followed.



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(8) Staff who supervise individuals who work directly with consumers shall monitor to assure that consumers receive the appropriate level of supervision as prescribed by the ID Team.

(9) Staff who fail to provide the appropriate level of supervision as assigned may be subject to disciplinary action in accordance with personnel guidelines and findings of abuse/neglect investigations, if applicable.

HISTORY. Replaces 9 CSR 45-3.050. Original DOR effective July 1, 2003. On July 1, 2006 the sunset date was extended to July 1, 2009.